									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								67, 200 -976						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF		R THAN L ENTITY	-	
TOTAL CLAIMS			15		·			RATE	FEE	7	RATE		_	
FOR			NUMBER FILED		NUM	UMBER EXTRA		BASIC F	EE 385.0	0 OF			,	
TOTAL CHARGEABLE CLAIMS			/ 5 minus 20=		• (9		X\$ 9=		OF	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		• /	D		X43=	·	OF	Yes		٦	
M	ULTIPLE DEPE	NDENT CLAIM F	PRESENT			+145				OF				
• 1	f the differenc	e in column 1 is	less than zero, enter "0" in column 2				TOTAL		OF	` L	770	\exists		
		CLAIMS AS A	MENDED - PART II						· ——		•	R THAN	┨	
	· ·	(Column 1)		(Column 2) (Column			· ·	SMALE	ENTITY	OR		ENTITY		
AMENDMENT A	11/1/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	1	
	Total	. 12	Minus	-2	0	= ·		X\$ 9=		OR	X\$18=		1	
	Independent	entation of M	Minus	3	CI 4114			X43=		OR	X86=		1	
	71 MOT PRESI	LIVIATION OF WA	OCTIFEE DE	PENUENT	CLAIM	<u> </u>	ſ	+145=		OR	+290=		1	
							L	TOTAL		OR	TOTAL		1	
		(Column 1)		n 2)	(Column 3)	A	DDIT. FEE	·		ADDIT. FEE		1		
5 L	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		a .		X\$ 9=		OR	X\$18=		ı	
	Independent	NTATION OF MU	Minus	SAIDENT C	N 4144	-	1	X43=		OR	X86=		ŀ	
!	THIS THESE	STATION OF MO	CITE DEF	ENDENT	LAIM			+145=		OR	+290=		ľ	
							. 40	TOTAL DIT. FEE	• •	OR	TOTAL			
	(Column 1) (Column 2) (Column 3)							DIL FEE		. ,	ADDIT. FEE		ŀ	
	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	A SLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		8	Γ	(\$ 9=		OR	X\$18=			
			Minus	***		•	 	X43=			X86=			
	FIRŞT PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash	145=		OR	+290=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OR L	TOTAL	· ·		
11	er rignest Nun	nber Previously Paid ber Previously Paid	for IN THIS	SPACE ic to	ee than	3 center *3 *	~	OIT. FEE	لسسس		DDIT. FEE	· .		
			•									1		